

July 2013

## 4.103:02 Employee Action Form

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# ANTIOCH UNIVERSITY

## EMPLOYEE ACTION FORM

DEPARTMENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

NEW  CHANGE  OTHER

AUEID #: \_\_\_\_\_

NAME: \_\_\_\_\_ INTRODUCTORY PERIOD: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SOC CODE: \_\_\_\_\_ VACATION AWARD: \_\_\_\_\_

(Blue Areas - HR Will Enter)

Weeks/HRS

**Monthly Salary Rate:** \_\_\_\_\_ **Annual Salary:** \_\_\_\_\_

**# of Pays:** \_\_\_\_\_ **Hours Per Week:** \_\_\_\_\_

**% of Time:** \_\_\_\_\_ **Base Salary 100% Time:** \_\_\_\_\_

**ONE TIME ADJUSTMENT:** \_\_\_\_\_ **(Adjunct/Affiliate) Assignment Credit Hours:** \_\_\_\_\_

**Effective Date: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**BW Salary:** \_\_\_\_\_ **BW Hourly Rate:** \_\_\_\_\_

**Work Schedule:** \_\_\_\_\_ **Hours Per Week:** \_\_\_\_\_

**# of Pays:** \_\_\_\_\_

Comments: \_\_\_\_\_

Charge Account:

PERCENTAGE

LINE ITEM KEY

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 50005 – CORE FACULTY
- 50030 – CORE FACULTY OVERLOAD
- 50010 – ONE YEAR FACULTY
- 50040 – TWO YEAR FACULTY
- 50015 – AFFILIATE FACULTY
- 50020 – ADJUNCT FACULTY
  
- 50100 – ADMINISTRATOR
- 50105 – ADMINISTRATIVE ASSOCIATE
- 50025 – TEACHING ASSISTANT
- 50110 – UNION STAFF
- 50115 – NON-UNION STAFF
- 50120 – PART TIME NO BENEFITS
- 50125 –TEMP (Short Term)

Signatures & Date

\_\_\_\_\_  
**BUDGET/ FINANCE APPROVAL - DATE**

\_\_\_\_\_  
**PROVOST / DESIGNEE - DATE**

\_\_\_\_\_  
**HUMAN RESOURCES - DATE**

\_\_\_\_\_  
**SUPERVISOR / DEPARTMENT HEAD - DATE**

**BOARD POLICY REQUIRES MINIMUM OF TWO SIGNATURES – BUDGET/FINANCE MUST SIGN.  
THIS COMPLETED FORM PROVIDES HR THE APPROVAL TO WRITE THE CONTRACT LETTER**